

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406):      TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____  RESPONDENT/DEFENDANT: _____  OTHER PARENT: _____	
<b>JUDGMENT REGARDING PARENTAL OBLIGATIONS</b> <input type="checkbox"/> _____ AMENDED <input type="checkbox"/> _____ SUPPLEMENTAL	
CASE NUMBER: _____	

1. a. ☐ **NOTICE: THIS IS A PROPOSED JUDGMENT.** This *Judgment Regarding Parental Obligations* will be entered by the court and will become legally binding unless you fill out and file the *Answer* (form FL-610) with the court clerk within 30 days of the date you were served with the *Summons and Complaint* (form FL-600). If you need an answer form, you may get one from the local child support agency's office, the court clerk, or the Family Law Facilitator. The Family Law Facilitator will help you fill out the forms. To file the answer, follow the procedures listed in the attached instructions.
- b. ☐ **NOTICE: THIS IS A JUDGMENT.** It is now legally binding.
2. **THIS MATTER PROCEEDED AS FOLLOWS:**
- a. ☐ Judgment entered pursuant to Family Code section 17430.
- b. ☐ By court hearing, appearances as follows:
- (1) Date: \_\_\_\_\_ Dept.: \_\_\_\_\_ Judicial officer: \_\_\_\_\_
- (2) ☐ Petitioner/Plaintiff present    ☐ Attorney present (name): \_\_\_\_\_
- (3) ☐ Respondent/Defendant present    ☐ Attorney present (name): \_\_\_\_\_
- (4) ☐ Other parent present    ☐ Attorney present (name): \_\_\_\_\_
- (5) Local child support agency attorney (Family Code, §§ 17400, 17406) (name): \_\_\_\_\_
- (6) ☐ Other (specify): \_\_\_\_\_
- c. The Obligor (the parent ordered to pay support) is ☐ Petitioner/Plaintiff ☐ Respondent/Defendant ☐ Other parent
3. ☐ This order is based on presumed income for the Obligor under Family Code section 17400.
4. ☐ Attached is a computer printout showing the parents' incomes and percentage of time each parent spends with the child(ren). The printout, which shows the calculation of child support payable, will become the court's findings.
5. ☐ This order is based on the attached documents (specify): \_\_\_\_\_

**6. THE COURT ORDERS**

- a. The mother and father listed in the complaint are the parents of the children named in item 6b.
- b. Obligor must pay current child support as follows:

Name

Date of birth

Monthly support amount

(1) ☐ Other (specify): \_\_\_\_\_

(2) ☐ For a total of: \$ \_\_\_\_\_ payable on the: \_\_\_\_\_ day of each month  
 beginning (date): \_\_\_\_\_

**NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent per year.**

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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6. b. (3) ☐ The support order was reduced, under the low-income adjustment, because the Obligor's net monthly income is less than \$1,000.

(4) Any support ordered shall continue until further order of court, unless terminated by operation of law.

c. ☐ Obligor shall pay child support for the past periods and in the amounts set forth below:

<u>Name</u>	<u>Date of birth</u>	<u>Period of support</u>	<u>Amount</u>
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(1) ☐ Other (specify):

(2) ☐ For a total of: \$                      payable: \$                      on the:                      day of each month  
beginning (date):

(3) ☐ Interest shall accrue on the entire principal balance owing and not on each installment as it becomes due.

d. If this is a judgment on a *Supplemental Complaint*, it does not modify or supersede any prior judgment or order for support or arrearage, unless specifically provided.

e. No provision of this judgment can operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

f. All payments should be made to (name and address of agency):

g. **An Order/Notice to Withhold Income for Child Support (form FL-195) will issue.**

h. ☐ Obligor    ☐ Obligee    must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and must keep the local child support agency office informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health care services for the children; and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health care services for the children. If the "Obligor" box is checked, a Health Insurance Coverage Assignment will issue.

i. Both parents must complete the *Child Support Case Registry Form* (form FL-191) and send (deliver or mail) it to the local child support agency within 10 days of the date of this judgment. The parents must notify the local child support agency of any change in the information submitted within 10 days of the change by submitting an updated form.

j. The form *Notice of Rights and Responsibilities and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.


k. ☐ The following person (the "Other Parent") is added as a party to this action under Family Code section 17404 (name):

l. ☐ Obligor shall pay costs of: \$

m. ☐ The court further orders (specify):

Date:

7. Number of pages attached: \_\_\_\_\_

Approved as conforming to court order: Date:  _____ (SIGNATURE OF ATTORNEY FOR OBLIGOR)
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_____	JUDICIAL OFFICER
<input type="checkbox"/>	SIGNATURE FOLLOWS LAST ATTACHMENT